

Fill in this information to identify your case:

Debtor 1	<b>Emil R. Ciliezar</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number (if known)	<u>19-14037</u>		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <u>180,000.00</u>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>180,000.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>17,068.00</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>197,068.00</u>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <u>491,120.53</u>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>491,120.53</u>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <u>0.00</u>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>3,945.00</u>
		<b>Your total liabilities</b> \$ <u>495,065.53</u>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <u>6,979.96</u>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>6,979.96</u>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <u>5,120.72</u>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>5,120.72</u>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?
 

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Emil R. Ciliezar

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>7,630.00</u>
----	-----------------

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<u>+\$ 0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case:

Debtor 1	<b>Emil R. Ciliezar</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number (if known)	<u>19-14037</u>		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Total claim
<b>Bayone Medical Center</b> Nonpriority Creditor's Name <b>29 E. 29th Street</b> <b>Bayonne, NJ 07002</b> Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number _____ <span style="float: right;"><b>\$2,800.00</b></span>
When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>

Debtor 1 Emil R. CiliezarDocument Page 4 of 8 Case number (if known) 19-14037

4.2

**E-Z Pass New York**

Nonpriority Creditor's Name

**PO Box 149005  
Staten Island, NY 10314**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$560.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Tolls** \_\_\_\_\_

4.3

**E-Z Pass of New Jersey**

Nonpriority Creditor's Name

**375 Mcarter Highway  
Newark, NJ 07114**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$585.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Tolls** \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim	
			6a.	\$ <b>0.00</b>
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$ <b>0.00</b>
	6b.	Taxes and certain other debts you owe the government	6b.	\$ <b>0.00</b>
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ <b>0.00</b>
Total claims from Part 2	6f.	Student loans	6f.	\$ <b>0.00</b>
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>3,945.00</b>

Debtor 1 Emil R. Ciliezar6j. **Total Nonpriority.** Add lines 6f through 6i.

6j.

\$

3,945.00

Fill in this information to identify your case:

Debtor 1	<b>Emil R. Ciliezar</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	<b>19-14037</b>		

Check if this is an amended filing

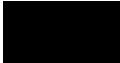
Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Emil R. Ciliezar

**Emil R. Ciliezar**  
Signature of Debtor 1

Date June 18, 2019

X

Signature of Debtor 2

Date \_\_\_\_\_

**United States Bankruptcy Court  
District of New Jersey**

In re Emil R. Ciliezar

Debtor(s)

Case No. 19-14037

Chapter 13

**VERIFICATION OF CREDITOR MATRIX - AMENDED**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: June 18, 2019

/s/ Emil R. Ciliezar

**Emil R. Ciliezar**

Signature of Debtor

Bayone Medical Center  
29 E. 29th Street  
Bayonne, NJ 07002

Bayview Financial Loan Servicing, LLC  
Attn: Bankruptcy Dept  
4425 Ponce De Leon Blvd. 5th Floor  
Coral Gables, FL 33146

Brenda Ciliezar  
22 Gates Avenue  
Jersey City, NJ 07305

E-Z Pass New York  
PO Box 149005  
Staten Island, NY 10314

E-Z Pass of New Jersey  
375 Mcarter Highway  
Newark, NJ 07114

Schiller, Knapp, Lefkowitz & Hertzel  
30 Montgomery Street  
Suite 1205  
Jersey City, NJ 07302